



North Arlington Public Schools

Office of the Superintendent

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Superintendent of Schools

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Pre-School Immunizations

February 4, 2025

Dear Parents/Guardians,

In preparation for your child(ren) attending Pre-School within the North Arlington Public Schools, it is important to note seven required immunizations set forth by the New Jersey Administrative Code (N.J.A.C.) Title 8 (Health) Chapter 57 (Communicable Diseases) Subchapter 4 (Immunization of Pupils in School), which has been clarified by the New Jersey Department of Health, as listed below:

<u>Date(s)</u>	<u>Child's Name:</u> _____	<u>Date of Birth:</u> _____
_____	DTaP: Diphtheria, Tetanus, acellular Pertussis A total of 4 doses	
_____	IPV: Polio Inactivated Polio Vaccine A total of 3 doses	
_____	Haemophilus influenzae type b (Hib) A total of 1 dose received on or after the first birthday	
_____	Pneumococcal conjugate (PCV 13) A total of 1 dose received on or after the first birthday	
_____	MMR: Measles, Mumps, Rubella A total of 1 dose	
_____	Chickenpox: Varicella A total of 1 dose	
_____	Influenza One current seasonal dose due by 12/31 of the current school year*	

Please note the date(s) of required vaccinations to the left that have been completed.

Physician's Signature: _____

Date: _____

Stamp: (Name, Address & Phone Number):

*If your child's physician is unable to provide proof of vaccination status they may furnish the dates on the left of this form with their signature and office stamp above.


* The current seasonal **influenza vaccine** is required every year for children up to 59 months of age. Students who have not received the flu vaccine by December 31 must be excluded (not allowed to attend preschool) for the duration of the influenza season (through March 31), until they receive at least one dose of the influenza vaccine, or until they turn 60 months of age.

As per N.J.A.C. 8:57-4.2, a child whose parent or guardian has not submitted acceptable evidence of the child's immunization shall not knowingly be admitted to school. To ensure that your child is safe and eligible for school, **please submit proof of vaccinations** to the school nurse(s) at your child(ren)'s current school(s) as soon as they have been administered.

Please contact your child(ren)'s school nurse(s) if you have any questions.

Thank you for your anticipated cooperation. We look forward to working with you!

Sincerely,


Stephen Yurchak, Ed.D.
Superintendent of Schools